

Cancer questionnaire

Please complete this application clearly in **BLOCK CAPITALS**.

The questions in this application and any other information we ask for are essential for us to underwrite and administer your plan.

You must tell us about all material facts before we can accept an application or renew the plan. If you do not tell us all material facts or you misrepresent any material facts, it may affect your rights or your dependants' rights under the plan.

A material fact is information likely to influence us in assessing or accepting the insurance. If there is any doubt about whether a fact is material, for your own protection, you must tell us. Failure to answer all questions fully and honestly may invalidate your insurance.

A copy of the completed application can be supplied on request, but you should keep a record of all information you supply to us, including copies of all letters.

We must receive all outstanding information before we can process your application. If you do not complete this application in full it will cause delays.

'You' refers to relevant life in all cases.

Name of applicant

If you answered 'Yes' to 1.1 and 'No' to 2.1 on the Medical questionnaire, please start at question 1. If you answered 'Yes' to 1.1 and 2.1, or 'No' to 1.1 and 'Yes' to 2.1 on the Medical questionnaire, please proceed to question 3.

1. Have you ever been diagnosed with cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to question 1 is 'Yes' please proceed to question 3.
2. Please give details of the following:
2.1 In the last five years, what medical investigations, diagnostic tests and procedures have you had for or in relation to cancer, and when did you have them?
2.2 Why did you have the medical investigations, diagnostic tests and procedures?
2.3 What was the outcome of the medical investigations, diagnostic tests and procedures? Please proceed to question 11.
3. When were you first diagnosed, and what type of cancer were you diagnosed with? Date of diagnosis (dd/mm/yyyy) _____ Type of cancer _____
4. Have you been diagnosed with any other type of cancer since your first diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to question 4 is 'No' please proceed to question 6.
5. Please give details of all other types of cancer diagnosed, including the dates of diagnosis, and whether they are primary or secondary *cancers.
* <i>A primary site is the part of the body where cancer cells first start to grow. A cancer that forms at the primary site is called a primary cancer. A primary cancer takes its name from the primary site. For example, a cancer which starts in the breast is called breast cancer. If cancer cells spread from the primary site they can continue dividing and form another cancer in one or more other parts of the body. A cancer that forms due to the spread of cancer cells from a primary cancer is called a secondary cancer or metastasis. A secondary cancer or metastasis takes its name from the primary cancer. For example, a primary cancer of the bowel that spreads to the liver is called secondary bowel cancer or bowel metastasis.</i>

<p>6. Please give details, including the dates of treatment, if you have ever received any one or more of the following:</p> <ul style="list-style-type: none"> • chemotherapy; • Avastin; • Herceptin. <p>If you have received chemotherapy, please also include the name of the chemotherapy drugs.</p>	
<p>7. If you have ever received radiotherapy, please give the dates of treatment and the number of sessions received.</p>	
<p>8. If you have not completed all courses of any ongoing chemotherapy or radiotherapy regime, course of Avastin or Herceptin, please give details of which treatment is ongoing and when it is due to complete.</p>	
Treatment	Date due to complete (dd/mm/yyyy)
<p>9. Please give details of all other treatment and medication and any special diets that you have received for or in relation to cancer, including the dates received, and the dosage where applicable. If you have had any reconstructive surgery in relation to cancer, please also confirm whether the reconstruction is now complete.</p>	
<p>10. Please give details of any treatment, medication or special diet that you need, or will need, for or in relation to cancer, but have not yet received.</p>	
<p>11. Please give details of all of the following that you need, or have been recommended, for or in relation to cancer, regardless of whether or not they are needed at regular intervals:</p> <ul style="list-style-type: none"> • consultations; • medical investigations; • diagnostic tests and procedures. <p>Include dates, and also the frequency where applicable.</p>	
<p>I declare that all the information given to you for the purpose of assessing my application for cover is true and complete.</p>	
Signature	Date (dd/mm/yyyy)

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Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover.

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna International plans, refer to www.aetnainternational.com.

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